State of Michigan Office of the State Employer Department of Technology, Management and Budget

Fiscal Year Deadline September 30	
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PROFESSIONAL DEVELOPMENT FUND REIMBURSEMENT APPLICATION												
A portion of this information is protected by federal privacy lateral Privacy Inc. EMPLOYEE I.D. NUMBER DEPARTMENT/AGENCY						E-MAIL ADI		lity requi	WORK PHONE	WORK PHONE NUMBER		
EMPLOTEE I.D. NOMBER DEPARTMENT/AGENCT				()								
NAME (LAST, FIRST, MIDDLE)						CIVIL SERVICE CLASSIFICATION'5 B8 '@J9 @ DO YOU HAVE CIVIL SERVICE STATUS?						
	ME ADDDESS (ST	DEET NUI	ADED AN	D NAME\		YES NO						
HOME ADDRESS (STREET NUMBER AND NAME)						EMPLOYMENT TYPE ☐ PERMANENT FULL TIME ☐ PERMANENT PART TIME						
			REE PROGRAM WORKING TOWARD: //GED □ASSOCIATE □ BACHELOR □MASTERS □PhD/JD □NON-DEGREE									
NAME OF EDUCATIONAL INSTITUTION(S) OR ORGANIZATION COURSE(S)					ON(S) CONDUCTING			MAJOR PROGRAM OF STUDY, IF APPLICABLE				
COURSE OR SEMINAR TIT AND NUMBER (1 PER LIN			_		END ATE	TUITION	BOOKS	FEES	S* TOTAL	STATE OF MICHIGAN CLASSIFICATION OR OCCUPATION TO WHICH COURSES RELATE		
1										☐ CURRENT		
2										CURRENT		
										☐ OTHER:		
3										OTHER:		
										☐ CURRENT		
4										☐ OTHER:		
OR	LIST ANY DEPARTMENTAL FUNDING OR NON-DEPARTMENTAL TUITION PAYMENTS, STIPENDS, OR GRANTS RECEIVED OR EXPECTED TO BE RECEIVED FOR THIS TERM OR SEMESTER:											
APPLICANT'S STATEMENT: COURSE(S) APPLIED FOR RELATE TO MY CURRENT OR FUTURE EMPLOYMENT WITH THE STATE OF MICHIGAN. I CERTIFY THAT ANY FINANCIAL SUPPORT FOR THIS TRAINING OR EDUCATION I'VE RECEIVED OR WILL RECEIVE IS REFLECTED ABOVE AND VERIFIED BY ATTACHMENT.												
APPLICANT'S SIGNATURE											DATE	
	FOR OSE USE ONLY											
ALLOWABLE OTHER PAYMENTS COURSE COSTS REC'D OR ANTICIPATED			S REMA	INDER	APPROV AMT.**	ED		COMMENTS				
1	\$	\$		\$		\$						
2	\$	\$		\$		\$						
3	\$	\$		\$		\$						
3	\$	\$		\$		\$						
TOTAL APPROVED AMOUN					T \$			SED BY:	DATE PRO	DATE PROCESSED:		
	NLY REGISTRATION, P TO 50% OF COST N						YEAR.			<u>l</u>		

INSTRUCTIONS

You must be in a MSC/NERE classification throughout the duration of the course/seminar and on the date you sign this application to be eligible for reimbursement from the Professional Development Fund.

You must submit your application with the necessary documentation within 60 calendar days after completing the course but <u>no later than the end of the fiscal year</u>, September 30, in which the course was completed.

- 1. Complete the Professional Development Fund Application form (DMB-115-OSE) for up to four (4) courses/seminars. Use additional form(s) for additional course(s).
- 2. Attach the following information to the application:

Copy of itemized statement identifying all costs (type and amount) for which reimbursement is being requested.
Copy of official grade report(s), certificate(s), or written confirmation(s) from the course/seminar instructor(s) of the earned grade(s) or satisfactory completion.
Proof that course/seminar charges have been paid in full.

□ Official verification of departmental funding or official verification that departmental funding

is not available.

- □ Official verification of any tuition payments, stipends, or grants received or to be received for the course(s) or seminar(s) submitted.
- 3. <u>Incomplete applications will be returned</u>.
- 4. Read the applicant's statement, and by signing certify that:
 - The course(s) or seminar(s) relate to your current or future state employment.
 - Any financial support for the course(s) or seminar(s) has been disclosed.
- 5. Retain a copy of the application and all attachments for your records.
- 6. Submit the complete application with all required attachments to:

Office of the State Employer P. O. Box 30026 Lansing, Michigan 48909 DTMB-OSE@michigan.gov

- 7. Reimbursements will be deposited to your designated financial institution account if you have EFT with the State of Michigan.
- 8. If this application is denied notification will be sent by e-mail.
- 9. If you have any questions regarding the Professional Development Funds, contact the Office of the State Employer at (517) 373-7400.